



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	1-4 Station Road Castlebellingham
Name of provider:	Dundas Ltd
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	28 November 2018
Centre ID:	OSV-0005732
Fieldwork ID:	MON-0024632

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre provides a residential service for adults both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties and behaviours which challenge. The centre is situated in a village in Co. Louth. The house provides high quality living accommodation for 8 residents. It consists of four 2 bedroom adjacent Community Houses. The design, layout and welcoming feel of the houses are consistent with a home environment where possible. There are 2 bedrooms upstairs in each house with a full bathroom. Downstairs there is an open plan living/dining room, a WC and an office/staff room. The house is also equipped with a domestic kitchen and residents are supported to get involved with the grocery shopping, preparation of meals and snack. The houses have a shared private garden to the rear.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
28 November 2018	11:30hrs to 16:00hrs	Andrew Mooney	Lead

Views of people who use the service

The inspectors judgments in relation to the views of the people who use the service, relied upon speaking with residents, documentation, and discussions with staff.

The residents that spoke to the inspector said they were very happy in their home. Residents were supported to engage in activities within the community that they enjoyed. These activities varied from person to person but included being supported in their local community and visiting family. Residents were very clear on what do do if they were unhappy with any aspect of their care and could tell the inspector how they would make a complaint. Residents appeared very comfortable in the company of staff and knew them well.

Capacity and capability

The inspector found the governance and management of the centre led to positive quality of life outcomes for residents.

Staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who attended the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. During the inspection, the inspector observed staff interacting in a very positive way with residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents.

There was a clear statement of purpose that clearly described the model of care and support delivered to residents.

The centre had effective leadership, governance and management arrangements in place and clear lines of accountability. A new person in charge had been recently appointed and was suitably qualified and experienced to manage the service. There was a schedule of audits completed locally by the person in charge and these were reviewed by their line manager. The centre had monthly governance meetings and these were used to identify and resolve service deficits.

Resident's right to choose where they want live and with who was fully respected within the centre. Admissions were carefully planned and the compatibility of residents was clearly assessed.

The centre had a complaints policy and the process for making complaints was user friendly and displayed prominently. The centre also maintained a log of complaints. The inspector spoke with residents about the complaints procedure and they clearly understood how to raise concerns if they had them.

All schedule 5 written policies and procedures were in place. However, the centres policies relating to positive behaviour support and the creation of, access to, retention of, maintenance of and destruction of records had not been reviewed within the last 3 years. The provider confirmed that these policies were currently under review.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The centres' admissions process considered the wishes, needs and safety of the individual and safety of other residents currently living in the service. A written contract for the provision of services was agreed on admission.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was user friendly, accessible to all residents and was displayed prominently in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule 5 written policies and procedures were in place. However, there were two policies that required review.

Judgment: Substantially compliant

Quality and safety

There were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong.

There was a comprehensive assessment of the health, personal, social care and support needs of each resident in the centre. These assessments were used to inform associated plans of care for each of the residents. Residents' goals were planned and progressed through regular key worker meetings. However, on one occasion a residents personal plan had not been prepared within the allocated 28 days set out within the regulations.

Each resident experienced care that supported positive behaviour and emotional wellbeing. Appropriate supports were in place for residents with behaviours that challenge. Staff had up-to-date knowledge and skills, appropriate to their role, to support residents with managing their behaviour.

The health and safety of residents, visitors and staff was promoted and protected in

the centre. There were policies and procedures in place for risk management and emergency planning. There was evidence that risks that presented were managed well and appropriate measures were put in place to protect residents from being harmed and or suffering from abuse.

The premises was decorated in line with the wishes of residents and the living environment was designed to promote the independence of residents. The centre was homely, clean and comfortable.

There were a range of appropriate fire precautions in place. The registered provider had ensured that all fire equipment and building services were provided and maintained appropriately. Each resident had a personal emergency evacuation plan that outline the supports they required in the event of a fire. Fire safety checks took place regularly and were also recorded.

The practice relating to the ordering, receipt, prescribing, storing and administration of medicines was appropriate and staff had completed safe administration of medication training.

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal accommodation for the residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Planned supports were in place when residents transferred between or moved to a new service.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management policy included all required information. Reasonable measures were in place to prevent accidents.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required. There was a procedure for the safe evacuation of residents and staff in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Practice relating to the ordering, receipt, prescribing, storing, including medical refrigeration, disposal and administration of medicines was appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment that met the needs of the residents. However, one personal plan had not been completed within the 28 day time frame set out in the regulations.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge. There were appropriate assessments in place with evidence of Multiple Disciplinary Team (MDT) input.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for 1-4 Station Road Castlebellingham OSV-0005732

Inspection ID: MON-0024632

Date of inspection: 28/11/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Both policies have been reviewed and signed off by the Policy, Training and development group and have been implemented throughout the organization</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The easy read Person Centred Plan has been developed for the resident and completed with the resident</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/12/2018
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	15/12/2018